

INJURY OR ILLNESS			INITIAL REPORT			FACILITY LOG		INVESTIGATION
TYPE	SUB-TYPE	FORM	WHEN	BY	TO	WHEN	BY	
Occupational Injury or Illness, Including Injury in Motor Vehicle Accident	Fatality, Hospitalization of Three or More, Over-Exposure to Radiation	VA Form 3831c (See Chapter 79, MP-5, Part I)	Within Four Hours of Death	Health Unit	Human Resources Management - Copy to Facility Safety Personnel	Within Six Workdays from Initial Report	Facility Safety Personnel	Within 10 Days from Date of Occurrence
	Lost Workday Case (e.g., OWCP Lost-time Claim)	VA Form 3831c	Within Four Hours from Initial Visit to Health Unit	Health Unit	Human Resources Management - Copy to Facility Safety Personnel	Within Six Workdays from Initial Report of Lost Workday Case	Facility Safety Personnel	Within 10 Days from Initial Report of Lost Workday Case
	Other Recordable Injuries and Illnesses (e.g., No lost-time claim, hearing, ergonomics)	VA Form 3831c	Within Four Hours from Initial Visit to Health Unit	Health Unit	Human Resources Management - Copy to Facility Safety Personnel	Within six Workdays from Initial Report of Other Recordable Case	Facility Safety Personnel	Within 10 Days from Initial Report of Other Recordable Case
	First Aid Treatment Case	VA Form 3831c	Within Four Hours from Initial Visit to Health Unit	Health Unit	Human Resources Management - Copy to Facility Safety Personnel	If CA-1 or CA-2 Submitted	Facility Safety Personnel	Within 10 Days from Initial Report
Motor Vehicle Accident (If fatality occurs, investigation will be made; however, Standard Form 91 will also be prepared.)	Damage Over \$500	SF-91	At Scene of Accident	Operator of Vehicle	Supervisor	Within Six Days, If Recordable	Facility Safety Personnel	Within 10 Days from Date of Accident
	Damage of \$100 to \$500	SF-91	At Scene of Accident	Operator of Vehicle	Supervisor	Within Six Days, If Recordable	Facility Safety Personnel	Within 10 Days from Date of Accident